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Bib Data Sheet

CONFIRMATION NO. 8697

<b>SERIAL NUMBER</b> 09/849,501	<b>FILING DATE</b> 05/04/2001 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2631	<b>ATTORNEY DOCKET NO.</b> 09785980-0095-97RSS022
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**APPLICANTS**  
Elias Bjarnason, Reykjavik, ICELAND;  
Olafur Jonsson, Reykjavik, ICELAND;  
Sverrir Olafsson, Reykjavik, ICELAND;

**\*\* CONTINUING DATA \*\*** *yes E.B.*  
THIS APPLICATION IS A REI OF 08/874,316 06/13/1997 PAT 5,914,982

**\*\* FOREIGN APPLICATIONS \*\*** *none E.B.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 07/20/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> ICELAND	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 12
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**ADDRESS**  
Francisco Rubio-Campos Esq  
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Los Angeles ,CA 90017

**TITLE**  
Method and apparatus for training linear equalizers in a PCM modem

<b>FILING FEE RECEIVED</b> 1704	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>APPLICANTS</b> Elias Bjarnason, Reykjavik, ICELAND; Olafur Jonsson, Reykjavik, ICELAND; Sverrir Olafsson, Reykjavik, ICELAND;				
<b>** CONTINUING DATA *****</b> This application is a REI of 08/874,316 06/13/1997 PAT 5,914,982				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/20/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ICELAND	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 29
				<b>INDEPENDENT CLAIMS</b> 12
<b>ADDRESS</b> FRANCISO A. RUBIO-CAMPOS THE ECLIPSE GROUP 26895 ALISO CREEK ROAD SUITE B-104 ALISO VIEJO, CA 92656-5301				
<b>TITLE</b> METHOD AND APPARATUS FOR TRAINING LINEAR EQUALIZERS IN A PCM MODEM				
<b>FILING FEE RECEIVED</b> 1704	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	